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7590 01/23/2008

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Jill Lane Caldwell	(Depositor's name)
Jill Lane Caldwell	(Signature)
April 22, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/767,687	01/29/2004	Robert G. Ulrich	04/22/2008 ARMY140D 80000102 210380 8007	10767687
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TITLE OF INVENTION: BACTERIAL SUPERANTIGEN VACCINES

01 FC:1501	1440.00 DA
02 FC:1504	300.00 DA
03 FC:8001	30.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1440	\$300	\$0	\$1740	04/23/2008
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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ALLEN, MARIANNE P	1647	435-069300
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<u>Elizabeth Arwine</u>
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

United States of America as Represented
by the Secretary of the Army

U.S.A.

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) <input checked="" type="checkbox"/> Advance Order - # of Copies 10	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) <input type="checkbox"/> A check is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 21-0380 (enclose an extra copy of this form).
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5. Change in Entity Status (from status indicated above) <input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	<input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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Authorized Signature Elizabeth Arwine

Date 22 APRIL 2008

Typed or printed name ELIZABETH ARWINE

Registration No. 45,867

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